	$oldsymbol{V}$
ARIZONA STATE BOARD OF HEALTH	
	VITAL STATISTICS
(/x /)	TIFICATE OF BIRTH Registered No.
County Juliu	. State disona
District or Township	or Village.
City Istate No Isla County hospitals	
(If birth occurred in a hospitallor institution) give its NAME instead of street and number)	
2. Full name of child down of daffler	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or oth	er
in event of plural births. 5. No., in order of birth	h / Yes 7. Date of blrth MW 5-28 Month Day Year
8. FATHER	14. MOTHER
Full name R La Flage	
9. Residence	Full maiden name Geralding Wells
(Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
11. Age at last birthday 30 (Years)	W 17 Ado at last \$100 to 2 2 2 4
Years,	17. Age at last birthday 22 (Years)
12. Birthplace (city or place) WW 1	18. Birthplace (city or place) 0/1,
(State or country)	(State or country) W. Va,
13. Occupation	
Nature of industry Engineer	19. Occupation
Cartain of industry	Nature of industry Housewife
20. Number of children of this mother (a) Port office	
(Taken as of time of birth of child herein (a) Born alive h	nd now living 21. Were precautions taken against oph- theimia neonatorum?
certified and including this child.) (c) Stillborn	o yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was source at pm. on the date above stated (Born alive or stillborn.)	
or midwife, then the father, householder Signature Signature	
child is one that neither breather one	0
snows other evidence of life after birth.	(Physician or midwife).
Given name added from a supplemental report	(* Dynical of musile).
Month, day, year	10 - 1 00-
Registrar Filed A	10 1928 Sitelly homanding
Registrar	